UTILITY PATENT APPLICATION TRANSMITTAL

,							
Attorney Docket No.			402986/AOYAMA				
Client Reference No.							
First Inventor		Ma	Masahiro TOTSUKA				
	METHOD OF MANUFACTURING						
Title	SEMICONDUCTOR DEVICE						

1.53(b))		Title		SEMIC	ONDUCT	OR DEVICE		
			Express Mail Label No.					
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
1. Utility Patent Application Transmittal		ACCOMPANYING APPLICATION PARTS						
Form 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification (including claims and abstract) [Total Pages 21] 4. Drawings [Total Sheets 7] 5. Combined Declaration and Power of Attorney [Total Pages 3] a. Newly executed b. Copy from prior application [Note Box 6 below] i. Deletion of Inventor(s) Signed	11 12 13 14	. 🗆 . 🖶	(inclu 1.18 Assig (cover 37 C an A Powe Engli Infor	ude publi (d)) gnment F r sheet and FR 3.73 ssignee; er of Atto ish Trans mation D Form PT	cation feet Papers I document (b) Staten orney slation Do Disclosure O-1449	e under 37 CFR (s)) nent (when there is cument (if applicable) Statement (IDS)		
statement attached deleting inventor(s) named in the prior application 6. Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference. 7. Application Data Sheet. See 37 CFR 1.76 8. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 9. Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper Copy c. Statement verifying identity of above copies	17 18 19	. 🛛	Preli Retu (Shou Clair Doci Requ 122(minary A irn Recei ild be spec in of Prio ument(s) uest & Co (b)(2)(B)(valent at	mendme pt Postca ifically itemi rity & Cer ertificatior (i) (Form I	nt ird		
21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below: ☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application no. Prior application information: Examiner ; Group Art Unit:								

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APPLICATION FEES							
BASIC FEE				\$770.00			
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE				
Total Claims	7 -20=		x \$18.00	\$			
Independent Clair			x \$86.00	\$			
☐ Multiple Deper	ndent Claim if applicable		+\$290.00 calculations =	\$			
	\$770.00						
	\$()						
Reduction by 50% for filing by small entity = Assignment fee if applicable + \$40.00				\$40.00			
☐ Early publication fee if applicable			+ \$300.00	\$			
			TOTAL =	\$810.00			
 Please charge my Deposit Account No. 12-1216 in the amount of \$810.00. A check in the amount of \$ is enclosed. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216: a.							
26. CORRESPONDENCE ADDRESS							
	. 29,458 ., Suite 300 960)						
Name	Jeffrey A. Wyand, Reg. No. 29,458						
Signature							
Date Emuly 25 mol							

Utility Transmittal (Revised 10/1/03)